

Recommendation Form

Doctor of Education in Educational Leadership



Please send all forms and requested items to:

Attn: Ed.D
c/o Graduate and Adult Admission Office
1530 Concordia West
Irvine, CA 92612-3203
phone/fax: (949) 214-3362
patricia.hunt@cui.edu

Applicant:
 Please enter your name and the date on the line below and provide this form to two people (not related to you) for professional or academic reference. Request that the form be sent to the address at left.

Please print or type legibly.
Note: This is not a confidential document.

Applicant's Name _____ Date _____
Family Name (Sur Name) Given Name

Program of Study _____ Entry Term _____

To be completed by evaluator:

Printed name of person completing this form Signature of person completing this form

What is your relationship to the candidate: _____

How long have you known the candidate: _____

Contact address: _____

Contact phone: _____ E-mail: _____

Employer: _____ Title: _____

Compared with others you have known in this capacity, how would you rank the applicant's performance?

- Top 1%
 Top 5%
 Top 10%
 Top 25%
 Top 50%

Please **check** the appropriate evaluation:

	Extraordinary	Outstanding	Above Average	Average	Below Average	Cannot Judge
Ability to Communicate Orally						
Ability to Communicate in Writing						
Creativity (including ability to see implications and synthesize ideas)						
Motivation						
Perseverance						
Organization						
Problem Solving						
Responsibility						
Integrity and Professional Ethics						

In a separate letter, please give your opinion of the applicant's all-around academic ability and potential for research. Please be specific and cite examples to support your recommendations if possible.

Signature _____

Date _____